SustiNet, Connecticut’s public implementation plan for SustiNet Board works on landmark universal health care reform that controls costs, promotes good health and delivers a quality, affordable health care choice to Connecticut residents.

SustiNet Plan members: In addition to covering health care services, the SustiNet Plan provides a comprehensive benefit package, including:

- Comprehensive and coordinated coverage for the cost of health care services
- Access to a range of preventive care services
- Access to mental health and substance use disorder services
- Coverage for prescription drugs
- Access to dental care
- Vision care

The SustiNet Board will make optimum use of the SustiNet Plan and addressing how best to:

- Secure private and public revenue sources, including how to maximize federal funding opportunities created by new federal funding to support SustiNet mission and operations
- Structure governance and administration of the SustiNet Plan
- Evaluate options for ensuring that both healthy and sick people will have access to affordable care
- Establish a range of benefit, premium and cost-sharing options for SustiNet Plan members
- Set payment methods for health care providers that promote access to care and patient health and cover the cost of care
- Establish a range of benefits, premium and cost-sharing options for SustiNet Plan members
- Evaluate options for ensuring that both healthy and sick people will have access to affordable care
- Assure adequate provider networks so that SustiNet Plan members have timely access to high quality care

The SustiNet Health Partnership Board submits a bill to the legislature detailing the implementation of the SustiNet Plan and addressing how best to:

- Design the SustiNet Plan to improve health, quality of care, and access to care, and to slow the growth of health care spending
- Establish action plans for the effective management of chronic illness and implementation of preventive care, and the reduction of racial and ethnic disparities
- Assure adequate provider networks so that SustiNet Plan members have timely access to high quality care
- Set payment methods for health care providers that promote access to care and patient health and cover the cost of care
- Establish a range of benefits, premium and cost-sharing options for SustiNet Plan members
- Evaluate options for ensuring that both healthy and sick people will have access to affordable care
- Structure governance and administration for the oversight and implementation of the SustiNet Plan
- Secure private and public revenue sources, including how to maximize federal reimbursement

The following groups will be able to join the SustiNet Plan:

- Small businesses employees
- Nonprofit employees
- Municipalities
- Retirees
- Dependents
- Those who are not offered employer sponsored insurance
- HUSKY Plan Parts A & B
- Medicaid
- SAGA

The SustiNet Board will also develop recommendations to ensure that employers can choose to participate in the SustiNet Plan, as well as individuals who have unaffordable or inadequate employer sponsored insurance.

Enrollment begins in the SustiNet public health insurance plan.

SustiNet Board on

Office of Healthcare Advocate reports to SustiNet Board on model benefits packages

The SustiNet Board submits draft legislation to the General Assembly

January 1, 2011

July 1, 2012

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